Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

PLAINS MEMORIAL HOSPITAL
PO BOX 278
DIMMITT TEXAS 79027

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name
TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box
Box Number 54

MFDR Tracking Number
M4-08-0664-01

MFDR Date Received
September 24, 2007

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary taken from the table of disputed services: "Requested auth not granted because Dr. Griffis was not showing to be an ADL provider for date of service."

Amount in Dispute: $558.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The insurance carrier was notified of a Medical Fee Dispute Resolution Request (MFDR) on October 2, 2007, signed and picked up by Mark L. Weber on October 4, 2007. The insurance carrier did not submit a respond to the DWC60 request.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 23, 2007, May 25, 2007 and May 29, 2007	Outpatient physical therapy	$558.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600 sets out the preauthorization, concurrent review and voluntary certification of healthcare guidelines.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated July 31, 2007
   - CAC-62 – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization
   - 930 – Pre-authorization required, reimbursement denied.

Issues

1. Did the requestor obtain preauthorization for the physical therapy rendered in the hospital?
2. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.600 "(p) Non-emergency health care requiring preauthorization includes (5) physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels."
2. Review of the submitted documentation finds that preauthorization was not obtained for CPT code 97110-GP rendered on May 23, 2007, May 25. 2007 and May 29, 2007. As a result, reimbursement cannot be recommended for the physical therapy services.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	April 10, 2013 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.